

# NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Department of Services ● Department of Regulation and Licensure  
Department of Finance and Support

Dear Applicant:

Thank you for your interest in becoming licensed to practice medicine and surgery in the State of Nebraska. Prior to submitting your application for licensure, it is important that you be aware of certain aspects of the application process.

The application form includes a series of questions about an applicant's history regarding licensure, physical and mental health, criminal conduct, and malpractice. I encourage you to read these questions carefully. It is expected that applicants answer these questions completely and truthfully. If others are assisting you in the completion of your application, make sure to review the information completely before signing the application. An adverse event in your past is not an automatic disqualification from licensure. The Board will review all of the information surrounding the event in making a determination of your fitness to practice medicine and surgery.

It is important that you fully disclose all arrests, charges or convictions. A question on the application asks not only about charges or complaints filed against you by any licensing or disciplinary authority, but it also asks for charges or complaints filed against you by any criminal prosecution authority. Even if the charges were dropped, dismissed, pled down or settled through diversion or if the sentencing was deferred or the conviction was expunged, set aside or pardoned, you must provide this information on the application. Failure to fully disclose could be considered as misrepresentation on your application which is grounds to deny your application for licensure.

Applicants are asked whether you have ever been convicted of a misdemeanor or felony. Some offenses that most people would consider as minor violations are actually misdemeanors, so it is important that you thoroughly review your history in order to provide accurate information regarding convictions. You may want to contact the court or seek the advice of an attorney to determine whether an event in your past resulted in a misdemeanor or felony conviction.

Applicants are asked whether you have ever been notified of any malpractice claim against you. This request includes all claims ever filed against you regardless of when they occurred or whether they were paid, settled or dropped.

Applicants should also be aware that it is the policy of the Credentialing Division that applications may not be withdrawn to avoid or circumvent a denial decision or to circumvent public records and reporting requirements. Understand prior to submitting your application that you may not be allowed to withdraw. Applicants who do not meet the requirements for licensure will be denied.

Thank you for taking the time to read this letter. I hope my comments are helpful to you. If you have further questions regarding the application process, please contact me by e-mail at [becky.wisell@hhss.ne.gov](mailto:becky.wisell@hhss.ne.gov) or by telephone at 402/471-2118.

Sincerely,

A handwritten signature in cursive script that reads "Becky Wisell".

Becky Wisell, Section Administrator  
Medical and Specialized Health Section  
Credentialing Division

## MEMORANDUM

TO: TEP Applicants

FROM: Meegan Dyrland, Health Licensing Specialist

Enclosed is the Temporary Educational Permit application you recently requested. Please complete the Temporary Educational Permit application and return it to this office along with the \$26.00 application fee.

On page two under "Certificate of Medical Education", you must have this portion certified directly on the application **OR** you may submit a certified copy of your medical diploma. See enclosure for submitting an acceptable certified copy.

If you are a foreign medical graduate, please have ECFMG send an official verification of your ECFMG Certificate **directly to our office**. The ECFMG phone number is 215-386-5900 and the website is [www.ECFMG.org](http://www.ECFMG.org).

A Temporary Educational Permit is issued for an applicant to serve as a graduate student in an approved program. It is **NOT** a full-practice medical license and does not authorize the permit holder to practice medicine and surgery **outside the educational program**.

Effective September 4, 2005 an applicant for an initial license will be subject to a criminal background check. Please call our office or send an email to: [meegan.dyrland@hhs.ne.gov](mailto:meegan.dyrland@hhs.ne.gov) so that we may send out the necessary information including two fingerprint cards. **To avoid delays in processing your application for licensure, fingerprints should be obtained and submitted to the Nebraska State Patrol at the same time as you submit your application for licensure to the Department.**

If you have any questions in completing this application form, please contact the Credentialing Division at (402) 471-2118.

Please reply to: Credentialing Division, 301 Centennial Mall South, PO Box 94986  
Lincoln, NE 68509-4986  
Telephone number (402) 471-2118

## CRIMINAL BACKGROUND CHECKS

### Instructions

LB 306 was passed by the 2005 Nebraska Legislature. This law goes into effect September 4, 2005, and will be codified as Neb. Rev. Stat. §71-104.01.

An applicant for an initial license to practice a profession which is authorized to prescribe controlled substances as determined by the department shall be subject to a criminal background check. The applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. This section shall not apply to dentists who are applicants for temporary practice rights (locum tenens) under subdivision (5) of section 71-183.01 or to physicians and surgeons who are applicants for temporary practice rights (locum tenens) under subdivision (17) of section 71-1,103.

**To avoid delays in processing your application for licensure, fingerprints should be obtained and submitted to the Nebraska State Patrol at the same time as you submit your application for licensure to the Department.**

#### Fingerprinting Procedure

1. **If you received a printed application from our office**, two fingerprint cards were enclosed. Take the fingerprint cards to any State Patrol office or law enforcement agency. Contact information for the Nebraska State Patrol offices is included with these instructions. No appointment is necessary for the Lincoln location. The Lincoln location is open Monday through Friday, 8 a.m. to 4 p.m. for fingerprinting. You must call ahead to schedule an appointment at the Nebraska State Patrol offices located outside of Lincoln to ensure that someone will be there to conduct the fingerprinting. These offices have limited hours when fingerprinting will be conducted.
2. The Nebraska State Patrol does not charge for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or other states may charge a fee.
3. **If you obtained your application online**, fingerprint cards can be obtained by contacting our office or from any State Patrol office or law enforcement agency.
4. **DO NOT FOLD THE FINGERPRINT CARDS.**
5. You must take one form of photo ID with you when obtaining your fingerprints. Acceptable forms of ID include a driver's license, visa or passport. If you are from a foreign country and do not have one of these forms of photo identification, provide any documentation issued by your country, legal sovereign or consulate.
6. You may print your name, address, Social Security Number, date and place of birth, and physical identifiers on the fingerprint cards. **DO NOT sign the fingerprint cards** until the law enforcement officer has verified your signature with the form of identification that you provide. **DO NOT write in the field labeled ORI.** In the space on the fingerprint cards marked "Reason Fingerprinted", you should print the following: **"R & L Health Credentialing"**.

7. After the fingerprinting procedure is completed, the cards will be given to you. **DO NOT FOLD THE FINGERPRINT CARDS.** Place the cards in the envelope provided (if you obtained the cards from us), along with a personal check, money order or cashier's check for the appropriate fee listed below, payable to the Nebraska State Patrol, and drop it in the mail. If you obtained the cards from a State Patrol office or other law enforcement agency, you will need to place the cards and the payment in an envelope addressed to:

Nebraska State Patrol  
CID Division  
P.O. Box 94907  
Lincoln, NE 68509

### **Fees**

**Fingerprints submitted prior to June 1, 2006, must include payment of \$33.00.**  
**Fingerprints submitted on or after June 1, 2006, must include payment of \$38.00.**

8. It may take several weeks for your criminal background check to be received by the Department. No licensing decision will be made until all information is received.

#### **Offices of the Nebraska State Patrol**

#### **Days/Hours that Fingerprinting is Conducted**

Troop A  
4411 S. 108<sup>th</sup> St.  
Omaha, NE 68137  
Phone: 402/595-2410

Wednesday mornings from 8:00 a.m. to noon  
(appointment required)

Troop B  
1401 Eisenhower Ave.  
Norfolk, NE 68701  
Phone: 402/370-3456

Usually on Tuesdays  
(appointment required)

Troop C  
3431 Potash  
Grand Island, NE 68802  
Phone: 308/385-6000

Mondays from 10:00 a.m. to noon  
and from 1:00 p.m. to 2:45 p.m.  
(appointment required)

Troop D  
Satellite Crime Lab  
4915 S. Snyder Dr.  
North Platte, NE 69103  
Phone: 308/535-8062

Wednesday mornings from 8:00 a.m. to noon  
(appointment required)

Troop E  
4500 Avenue I  
Scottsbluff, NE 69361  
Phone: 308/632-1211

Wednesdays after 1:00 p.m.  
(appointment required)

Criminal Identification Division (CID)  
233 S. 10<sup>th</sup> St.  
Lincoln, NE 68508

Monday through Friday 8:00 a.m. to 4:00 p.m.  
(no appointment necessary)

# Deadlines For Receipt of Licensure Applications and Supporting Documents

For applications for a license to practice medicine & surgery, osteopathic medicine & surgery and temporary educational permits.

Following are the deadlines for receipt of licensure applications and supporting documents for applications required to be reviewed by the Board of Medicine and Surgery. Some applications will require review by the Board of Medicine and Surgery at their regular meeting. These deadlines will apply if the Department determines that your application will need Board review. Please submit your application according to this schedule, assuming that your application will be reviewed by the Board. If your application does not need Board review, you will receive a license document in the mail.

1) APPLICATION DEADLINE DATE	2) DOCUMENTS DEADLINE DATE	3) MEETING DATE
April 30, 2006	June 9, 2006	June 30, 2006
June 11, 2006	July 21, 2006	August 11, 2006
July 22, 2006	September 1, 2006	September 22, 2006
September 3, 2006	October 13, 2006	November 3, 2006
October 15, 2006	November 22, 2006	December 15, 2006

- 1) **Application deadline:** The completed application form and check/money order must be received in our office by this date. Late applications WILL BE referred to the next application deadline.
- 2) **Documents deadline:** All supporting documents and additional information that our office requests must be received in our office by this date. Late submissions will cause your application to be reviewed at the next meeting date.
- 3) **Dates of the regular meetings of the Nebraska Board of Medicine & Surgery.**

State of Nebraska  
 Department of Health and Human Services  
 Regulation and Licensure  
 Credentialing Division  
 PO Box 94986, 301 Centennial Mall South  
 Lincoln, NE 68509-4986 \* 402-471-2118

Rev. 04/05

Fee: \$26.00

**APPLICATION FOR TEMPORARY EDUCATIONAL PERMIT**

1	Legal Name:	Last:	First:	Middle:	Maiden:
2	Date of Birth: M/D/Y		Place of Birth: (City and State <b>OR</b> Country if other than U.S.)		
3	Social Security Number:				
4	Telephone (Optional):		FAX (Optional):		
5	E-Mail (Optional):				
6	Permanent Address:	Street/PO/Route:			
		City:	State:	Zip:	
7	Give name and location of institutions attended, beginning with high school, list diplomas or certificates and date received for preliminary and pre-medical education.				
	Name of Institution	City/State/County	Diploma/Certificate	Date: MO/YR	
<b>MEDICAL EDUCATION</b>					
8	I have spent _____ years in the study of medicine in the following institutions.				
	Name of Institution	City/State/Country if other than U.S.			
9	Foreign Medical Graduates <b>MUST</b> request an ECFMG Certification Status Report issued by ECFMG be sent directly to our office. My ECFMG Certificate number is _____.				

<b>CERTIFICATE OF MEDICAL EDUCATION</b>
You must have this portion certified directly on the application OR you may submit a certified copy of your medical diploma. See enclosure for submitting an acceptable certified copy.

10. It is hereby certified that \_\_\_\_\_  
(Full Name of Graduate)

enrolled in \_\_\_\_\_

located at \_\_\_\_\_ and attended courses from \_\_\_\_\_ to \_\_\_\_\_  
(City & State) MO/DAY/YR MO/DAY/YR

and received a diploma from \_\_\_\_\_ conferring the degree of  
(Name of Institution)

Doctor of Medicine on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registrar) Signature Stamps Not Accepted (MO/DAY/YR)

TITLE: \_\_\_\_\_

(SEAL)

## REGULATORY INFORMATION

<b>11</b>	<p>If you answer YES to any of the following questions, explain the circumstances and outcomes on a separate sheet of paper. You must sign and date any additional pages that you attach to the application. Please read the information at the end of this section regarding the malpractice and misdemeanor/felony conviction information that is required.</p>									
<b>a</b>	<p>Has any State or Territory of the U.S. ever taken any of the following actions against your license? If yes, explain circumstances and outcomes.</p> <p style="text-align: right;"><b>Answer Yes or No to EACH</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: right;">Denied</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: right;">Revoked</td> <td></td> </tr> <tr> <td style="text-align: right;">Suspended</td> <td></td> </tr> <tr> <td style="text-align: right;">Limited</td> <td></td> </tr> </table>		Denied		Revoked		Suspended		Limited	
Denied										
Revoked										
Suspended										
Limited										
<b>b</b>	<p>Has any licensing or disciplinary authority ever taken any of the following actions against your license?</p> <p style="text-align: right;"><b>Answer Yes or No to EACH</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: right;">Limited</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: right;">Restricted</td> <td></td> </tr> <tr> <td style="text-align: right;">Suspended</td> <td></td> </tr> <tr> <td style="text-align: right;">Revoked</td> <td></td> </tr> </table>		Limited		Restricted		Suspended		Revoked	
Limited										
Restricted										
Suspended										
Revoked										
<b>c</b>	<p>Has any licensing or disciplinary authority placed your license on probation?</p> <p style="text-align: right;"><b>Answer Yes or No</b></p>									
<b>d</b>	<p>Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority?</p> <p style="text-align: right;"><b>Answer Yes or No</b></p>									
<b>e</b>	<p>Have you ever voluntarily limited in any way a license issued to you by a licensing or disciplinary authority?</p> <p style="text-align: right;"><b>Answer Yes or No</b></p>									
<b>f</b>	<p>Have you ever been requested to appear before any licensing agency?</p> <p style="text-align: right;"><b>Answer Yes or No</b></p>									
<b>g</b>	<p>Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority?</p> <p style="text-align: right;"><b>Answer Yes or No</b></p>									
<b>h</b>	<p>Are you aware of any pending disciplinary actions against your license in any jurisdiction?</p> <p style="text-align: right;"><b>Answer Yes or No</b></p>									
<b>i</b>	<p>Are you aware of any on-going investigations of a disciplinary complaint against your license in any jurisdiction?</p> <p style="text-align: right;"><b>Answer Yes or No</b></p>									
<b>j</b>	<p>Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?</p> <p style="text-align: right;"><b>Answer Yes or No</b></p>									
<b>k</b>	<p>During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition?</p> <p style="text-align: right;"><b>Answer Yes or No</b></p>									
<b>l</b>	<p>During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder?</p> <p style="text-align: right;"><b>Answer Yes or No</b></p>									



m	Have you ever been convicted of a felony*? <div style="text-align: right;">Answer Yes or No</div>	
n	Have you ever been convicted of a misdemeanor*? <div style="text-align: right;">Answer Yes or No</div>	
o	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or State controlled substances registration? <div style="text-align: right;">Answer Yes or No</div>	
p	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances? <div style="text-align: right;">Answer Yes or No</div>	
q	Have you ever surrendered your State or Federal controlled substances registration? <div style="text-align: right;">Answer Yes or No</div>	
r	Have you ever had your State or Federal controlled substances registration restricted in any way? <div style="text-align: right;">Answer Yes or No</div>	
s	Have you ever been notified of any malpractice claim against you **? <div style="text-align: right;">Answer Yes or No</div>	
Effective July 1, 2004, the Department is authorized to assess an administrative penalty in the amount of \$10 per day, not to exceed a total of \$1,000 when evidence exists that a person has practiced prior to being issued a Temporary Educational Permit.		
t	Have you actively practiced medicine and surgery in Nebraska prior to being issued a Nebraska Temporary Educational Permit? <div style="text-align: right;">Answer Yes or No</div>	
	If yes, how many days have you <i>actually practiced</i> medicine and surgery in Nebraska prior to issuance of a Nebraska Permit? <div style="text-align: right;">Total Number of Days</div>	

**Note: Students of medicine and surgery enrolled in an accredited college of medicine who gratuitously practice medicine and surgery under the supervision of a licensed physician are exempt from needing a Permit or License in the State of Nebraska, pursuant to Neb. Rev. Stat. 71-1,103(4). Once an individual has graduated from medical school, however, a Permit or License is required in the State of Nebraska in order to practice medicine and surgery. The question above, therefore, refers to the time since you have graduated from medical school until such time as you have received a Permit or License to practice medicine and surgery in the State of Nebraska.**

<b>CONTROLLED SUBSTANCES REGISTRATION</b>	
A separate Nebraska Controlled Substances Registration is not required upon providing proof of a Federal Controlled Substances Registration (DEA number) to this office. <b>Check one of the following:</b>	
	I have enclosed a photocopy of my <i>current</i> Federal Controlled Substances Registration. My Federal Controlled Substances Registration Number is _____, and it expires on _____.
	I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration.
	I do not have nor am I applying for a Federal Controlled Substances Registration and I will not be prescribing, administering or dispensing controlled substances in Nebraska. I understand that at such time that I do intend to prescribe, administer or dispense controlled substances in Nebraska, I will first need to have a Federal Controlled Substances Registration issued to me. At that time I am also to supply a photocopy of the registration to the State of Nebraska.

**\* Required Misdemeanor/Felony Conviction Information**

If you have had any misdemeanor or felony convictions you must submit:

1. Official Court Record, which includes charges and disposition;
2. Arrest records;
3. A letter from the petitioner explaining the nature of the conviction;
4. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
5. A letter from the probation officer addressing probationary conditions and current status, if the petitioner is currently on probation.

**\*\* Required Malpractice Information**

Regarding your malpractice, claim(s), please include the following information. Sign and date your explanation.

- A. State the **total number of claims ever filed against you; and**
- B. Submit a **detailed explanation** (see below) of each claim ever filed against you. Do *not* send copies of forms completed for insurance companies or other entities.
- C. For any malpractice claims that are **currently pending**, submit copies of the court documents that outline the statement of charges (often called the "Complaint") and a letter from the attorney stating the current status of the claim.

**Include the following information regarding each claim:**

1. Name, sex and age of patient;
2. Date of occurrence;
3. Initial event (procedure/diagnosis);
4. Subsequent event that precipitated the claim – include the time sequence in relation to the initial event;
5. Damages – a description of damages or alleged damages resulting from the initial and subsequent events;
6. Date of filing of malpractice claim in court (if applicable);
7. Outcome of claim – include the court disposition, whether or not the case was settled, **and the amount of any monetary settlement or judgment made on your behalf. If no money was paid on your behalf, you must indicate this.**
8. Date of final outcome of claim.

\*\*\*\*\*

## REQUESTING INSTITUTION

The institution listed below accepts \_\_\_\_\_ into a postgraduate medical education program.  
(Name of Applicant)

As Program Director or Hospital Administrator, I understand that the issuance of this permit *does not* entitle the holder to engage in the practice of Medicine and Surgery outside of the assigned training program.

Name of Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Name of PostGraduate Program: \_\_\_\_\_

Duration of the Program: \_\_\_\_\_  
(Beginning Date: MO/YR) (Ending Date: MO/YR)

Location of Training Areas: \_\_\_\_\_

Official Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Program Director, Hospital Administrator, Etc.)

Print Name of official who signs this application: \_\_\_\_\_

\*\*\*\*\*

**PLEASE NOTE: All applicable areas of the application must be completed. Failure to answer all questions that apply to you may result in a delay in processing your application.**

## AFFIDAVIT

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn say that I am the person referred to in this application, that I am of good moral character and that the statements herein are true and complete.

\_\_\_\_\_  
(Signature of Applicant)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My commission Expires \_\_\_\_\_  
(MO/DAY/YR)